



# WEST VIRGINIA DEPARTMENT OF VETERANS ASSISTANCE

## Veterans Reeducation Assistance Application

*for postsecondary education or training*  
*West Virginia State Budget Line Item (first provided in FY 1997)*

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Award amounts may fluctuate according to the number of applicants and the total amount of funding allocated to the program by the West Virginia Legislature each fiscal year. Award monies may be granted at the discretion of the WVDVA for tuition assistance, tests associated with professional licensure or certification, or other training materials. There is no application deadline, but payments could take up to six weeks to process. Students who wish to reapply must submit a new application each semester.

To qualify, the following eligibility criteria must be met:

1. Must have served in and been Honorably Discharged from the United States Armed Forces
2. Must have exhausted GI Bill benefits

To apply for Veterans Reeducation Assistance, please compile the following documents:

1. A completed version of this application form
2. A copy of your DD214
3. Proof of enrollment in a West Virginia institution of postsecondary education or training (copy of tuition bill, schedule of courses, test enrollment confirmation, etc.)

Please enclose all documents in a single envelope and submit to:

West Virginia Department of Veterans Assistance  
Office of the Secretary  
1514-B Kanawha Blvd. East  
Charleston, WV 25311

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### Section 1: Veteran Information

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Character of Discharge: \_\_\_\_\_

Dates of service: \_\_\_\_\_ to: \_\_\_\_\_

**Section 2: Postsecondary Institution/Exam Information**

Name of school (or exam): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cost: \_\_\_\_\_  
(list cost of the professional exam or training, or cost of tuition per semester)

Attending Full time or part time (if applicable): \_\_\_\_\_

***I attest that the information provided on this application is true and accurate to the best of my knowledge.***

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Section 3, to be completed by Financial Officer of Educational Institution:**

***I attest that the information provided on this application is true and accurate to the best of my knowledge.***

Name of reviewer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section 4, to be completed by WVDVA:**

☐ Approved in the amount of \_\_\_\_\_

☐ Denied

Name of reviewer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_